2190

513

# ARIZONA STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS

State File No.....

Registrar's No.....

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Pinal (b) City or Town Oracle (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ..... (Specify whether years, months or days); In Community 5 years; In Arizona 5 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Oracle (If outside city limits write RURAL)

(d) Street No.....; (e) If foreign born, in U. S. A. 58 yrs.

3. (a) FULL NAME Richard H Whiteside (b) If veteran Spanish name war American (c) Social Security No. None (If NONE write the word)

| 4. Sex | 5. Color or Race | 6. (a) Single, married, widowed or divorced |
|---|---|---|
| Male | White | |

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Jan (Month) 19 (Day) 1879 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 11 | 1 | hrs..... min..... |

9. Birthplace (City, town or county) Canada (State or Country)

10. Usual Occupation Mining Engineer

11. Industry or Business Mining

Father
12. Name Unknown
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Unknown
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Annie M Neal

(b) Address Oracle Arizona

17. (a) Burial, Cremation or Removal Removal

(b) Place Tucson (c) Date 12-11 19 44

18. (a) Embalmer's Signature .....

(b) Funeral Director Arizona Mortuary

(c) Address Tucson

19. (a) 12-11-44 (Date received local Registrar)

(b) H H Ramsey (Registrar's Signature)

5M 100% Rag 5-17-40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 10, 1944;

TIME (Hour and minute) ..... M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy .....

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Natural Causes

(b) Date of ~~Occurrence~~ Death 12-10-44

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel (Specify type of place)

While at work? No (e) Means of injury .....

23. Signature H H Ramsey - Registrar

Address ..... Date signed .....